



Residency Program/Canadian Pharmacy Residency Board

Conflict of Interest Disclosure Form

Background

The purpose of this process is to provide programs and surveyors the assurance of an objective survey by providing:

- a method to document, track and reach an agreement with programs regarding surveyor visits;
- a process in which a program can safely raise objections to the surveyors assigned for their visit if the program perceives a conflict of interest;
- a process for individual surveyors to self-identify perceived or real conflicts of interest for their assigned survey visits and be able to address these situations;
- a system that allows for intra-provincial surveyors where it is deemed to be appropriate - current examples would be Ontario and Québec but may include other areas in future.

Surveyor-Identified Conflicts of Interest

Surveyors review the potential conflict criteria listed below. If there is a potential for a conflict of interest or perceived conflict of interest, the surveyor completes the declaration in Appendix A and submits to the chair of the CPRB. This should occur at the time that the draft survey schedule is circulated to the Surveyors Group.

Program-Identified Conflicts of Interest

The program being surveyed reviews the potential conflict criteria listed below. If the program identifies a potential conflict of interest the residency program director completes the declaration in Appendix A and submits to the chair of the CPRB.

Conflict of Interest Criteria

- 1) Within the preceding ten-year period, the surveyor has completed a pharmacy residency or fellowship at the organization that is being reviewed and there are still some of the same practitioners in a residency leadership role at the organization.
- 2) Within the preceding ten-year period, the surveyor was a residency program director, residency program coordinator, director of pharmacy, faculty liaison, or preceptor for the residency program that is being reviewed.
- 3) Within the preceding ten-year period, the surveyor trained the residency program director, residency program coordinator, or director of pharmacy of the residency program that is being reviewed.
- 4) Within the preceding ten-year period, the surveyor has provided onsite consultation services or has been employed by the department of pharmacy, health system, or university that operates the residency program that is being reviewed.
- 5) The surveyor practices or resides within the same city.
- 6) The surveyor has any business or close personal relationship with the residency program director, residency program coordinator or director of pharmacy.
- 7) Within the preceding ten-year period, the surveyor has been precepted by the pharmacy residency director, coordinator, or a preceptor.



Appendix A

Program Conflict of Interest Declaration

Program:

Date:

Please be advised I/we have identified a potential conflict(s) of interest as identified below with respect to the scheduled residency program survey visit for _____ to be surveyed by _____. In order to avoid any real or perceived conflict of interest I/we request an alternate assignment.

Completed by: Program

Surveyor

| Mark all that apply | Conflict(s) |
|---------------------|---|
| | Within the preceding ten-year period, the surveyor has completed a pharmacy residency or fellowship at the organization that is being reviewed and there are still some of the same practitioners in a residency leadership role at the organization. |
| | Within the preceding ten-year period, the surveyor was a residency program director, residency program coordinator, director of pharmacy, faculty liaison, or preceptor for the residency program that is being reviewed. |
| | Within the preceding ten-year period, the surveyor trained the residency program director, residency program coordinator, or director of pharmacy of the residency program that is being reviewed. |
| | Within the preceding ten-year period, the surveyor has provided onsite consultation services or has been employed by the department of pharmacy, health system, or university that operates the residency program that is being reviewed. |
| | The surveyor practices or resides within the same city. |
| | The surveyor has any business or close personal relationship with the residency program director, residency program coordinator or director of pharmacy. |
| | Within the preceding ten-year period, the surveyor has been precepted by the pharmacy residency director, coordinator, or a preceptor. |
| | No conflict identified. |
| | Other (please provide details): |

| | |
|-------------|--|
| Print name: | |
| Signature: | |